STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	010682	A. BUILDING: _____ B. WING _____	C 08/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MARION	2452 W KEM RD MARION, IN 46952

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00180788. Complaint IN00180788 - Substantiated. No deficiencies related to allegations are cited. Survey date: August 28, 2015. Facility number: 010682 Provider number: N/A AIM number: N/A Census bed type: Residential: 41 Total: 41 Census payor type: Medicaid: 7 Residential: 34 Total: 41 Sample: 3 Brookdale Marion was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaint IN00180788.	R 000		